



PRECIOUS METAL DEALER LICENSE APPLICATION

St. Louis County, Minnesota

Fee: \$50.00; \$5.00 for each additional site

TO THE COUNTY AUDITOR OF ST. LOUIS COUNTY, STATE OF MINNESOTA: For the purpose of securing a license to engage in and to transact business as a Precious Metal Dealer under the provisions of Minnesota Statute Chapters 325F.73 - 325F.744 within the County of St. Louis, Minnesota, the undersigned respectfully makes application for such license and submits the following statement of facts as provided by law:

APPLICANT

Applicant Full Name (Person signing application)	Date of Birth	Social Security #	
Resident Address	City	State	Zip
Email Address	Telephone #		

BUSINESS

Principle Business Name		DBA		Business Phone #
Business Address	City	State	Zip	License Effective Date
Name of Manager				Date of Birth
Resident Address	City	State	Zip	
Minnesota Tax Identification # (if applicable)		Federal Tax Identification # (if applicable)		

BRANCH OFFICE(S)/LOCATION(S) WITHIN ST. LOUIS COUNTY

At which secondhand precious metals will be held; each branch office shall be operated under the same name as the principal office.

Attach additional sheet(s), if necessary.

Branch Address		
Name of Manager	Resident Address, City, State, Zip	Date of Birth
Branch Address		
Name of Manager	Resident Address, City, State, Zip	Date of Birth

The following information is required for all applicants, partners or corporate officers, not listed above:

Attach additional sheet(s), if necessary.

Full Name	Resident Address, City, State, Zip	Date of Birth	Social Security #
Full Name	Resident Address, City, State, Zip	Date of Birth	Social Security #
Full Name	Resident Address, City, State, Zip	Date of Birth	Social Security #
Full Name	Resident Address, City, State, Zip	Date of Birth	Social Security #

SIGNATURE

By submitting this application, I certify under the penalty of perjury that statements made in this application are true and inclusive to the best of my knowledge. I further certify that, if applicable, I have authorization to make this application on behalf of the entity named above. I acknowledge that the County of St. Louis, Minnesota reserves the right to examine supporting documentation and information provided herein.

Applicant Signature:	Date:
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